

216020667
99538

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 191	Agency Case No. B6-044544	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016		(In Military Time) TIME OF ACCIDENT 1410	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1412	05/21/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St--Anthony Ln/98th St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	237.00		Anthony Ln			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H12423919		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER DUSTIN R GONZALES		PHONE		LOCAL NO.	
V2/N	DRIVER ADDRESS 1833 Perkins Blvd, LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)		10/19/1980	
G	OWNER CAMPBELL NURSERIES		PHONE 402-423-4556		LOCAL NO.	
2	OWNER ADDRESS 12900 O ST, 5625 PINE LAKE RD, LINCOLN, NE 68516		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		CITATION NO.	
H	LICENSE PLATE	TE NO. SHK227	YEAR (Plate Expires)	2017	STATE (Of Plate)	NE
V1/O	VEHICLE	2005	MAKE Dodge	MODEL Ram	BODY STYLE Pickup truck	COLOR red
1	VEHICLE ID NO. (VIN)	3D7KR26DX5G839098		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000		
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY United Fire and Casualty		
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER		PHONE		LOCAL NO.	
01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE
4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY		POLICY NO.
01	VEHICLE NO. 2					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		10/19/1980	01 1 03 4 4	M
1	DUSTIN R GONZALES	1833 Perkins Blvd, Lincoln, NE 68502				
	LOCAL NO.	MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044544



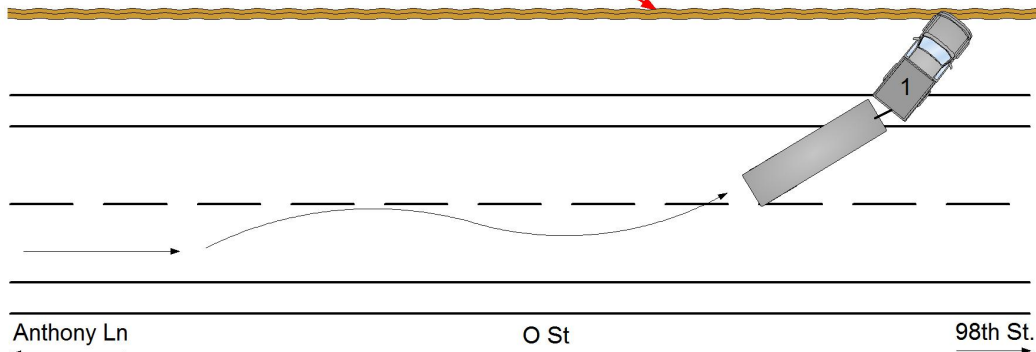
POI

**237' E of E curb on Anthony Ln.
20' N of N road edge on O St.**

**Street Width
O St.--41'**

**Measurements Approximate
Not To Scale**

Ditch Embankment



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 1 was eastbound on O St. between Anthony Ln and 98th St. Driver 1 described that while driving at approximately 45 mph the trailer with a bobcat loaded on the back began to sway behind him. Driver 1 was unsure why the trailer began to sway. There was a fairly strong cross wind at the time of the accident. Driver 1 said that the swaying of the trailer caused him to lose control of the vehicle and ended up going off the road to the north and collided with the ditch embankment. It is not known if it was driver error or possibly the wind that was the major contributor in the single vehicle accident so I elected to issue no citations. This accident was first reported under Case #B6-044521, and was UTL. I became involved after Driver 1 went to St. Elizabeth's hospital.

PROPERTY	OBJECT DAMAGED Trailer	OWNER NAME Campbell's Nurseries 5625 Pine Lake Rd, Lincoln, NE 68506	ADDRESS	PHONE 402-423-4556	APPROX. COST OF DAMAGE \$ 500
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1			X		O St.															
2																				
1	01				06 Turning left				VEHICLE 1				VEHICLE 2							
2					08 Entering traffic lane				POINT OF IMPACT				POINT OF IMPACT							
					MOST DAMAGED AREA				MOST DAMAGED AREA											
					00 None				02				03				04			
					09 Top & windows				01				05							
					10 Undercarriage				08				07				06			
					11 Total (all areas)															
					12 Other															

OFFICER NO. 1549	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Michael Wambold		INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold	DATE OF REPORT 05/21/2016